

APPENDIX

Appendix A: Childhood Asthma Control Test (ACT)

The following test can help children with asthma aged ≥ 12 years to assess their asthma control. Please circle the appropriate score for each question. There are five questions. Please answer the questions as honestly as possible.

1. During the past 4 weeks, how often did your asthma prevent you from getting as much done at work, school, or home?

① All the time ② Most of the time ③ Some of the time ④ A little of the time ⑤ None of the time

2. During the past 4 weeks, how often have you had shortness of breath?

① More than once a day ② Once a day ③ Three to six times a week ④ One to two times a week ⑤ Not at all

3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness, or pain) wake you up at night or earlier than usual in the morning?

① Four or more nights a week ② Two to three nights a week ③ Once a week ④ Once or twice ⑤ Not at all

4. During the past 4 weeks, how often have you used your rescue inhaler (such as salbutamol)?

① Three or more times a day ② One or two times a day ③ Two or three times a week ④ Once a week or less ⑤ Not at all

5. How would you rate your asthma control during the past 4 weeks?

- ① Not controlled ② Poorly controlled ③ Somewhat controlled ④ Well controlled ⑤ Completely controlled

Appendix B: Childhood Asthma Control Test (c-ACT)

The following test can help children with asthma aged 4–11 years assess their asthma control. There are seven questions. Parent or caregiver, please help your child complete questions 1–4 and complete questions 5–7 on your own.

Please help your child complete questions 1–4.

1. How is your asthma today?

A. Very bad (0 point) B. Bad (1 point) C. Good (2 points) D. Very good (3 points)

2. How much of a problem is your asthma when you run, exercise, or play sports?

A. It's a big problem, I can't do what I want to do. (0 point) B. It's a problem and I don't like it. (1 point) C. It's a little problem but it's okay. (2 points) D. It's not a problem. (3 points)

3. Do you cough because of your asthma?

A. Yes, all of the time. (0 point) B. Yes, most of the time. (1 point) C. Yes, some of the time. (2 points) D. No, none of the time. (3 points)

4. Do you wake up during the night because of your asthma?

A. Yes, all of the time. (0 point) B. Yes, most of the time. (1 point) C. Yes,

some of the time. (2 points) D. No, none of the time. (3 points)

Please complete questions 5–7 on your own.

5. During the last 4 weeks, how many days did your child have daytime asthma symptoms?

A. Not at all (5 points) B. 1–3 days (4 points) C. 4–10 days (3 points) D. 11–18 days (2 points) E. 19–24 days (1 point) F. Every day (0 point)

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

A. Not at all (5 points) B. 1–3 days (4 points) C. 4–10 days (3 points) D. 11–18 days (2 points) E. 19–24 days (1 point) F. Every day (0 point)

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

A. Not at all (5 points) B. 1–3 days (4 points) C. 4–10 days (3 points) D. 11–18 days (2 points) E. 19–24 days (1 point) F. Every day (0 point)

Appendix C: Global Initiative for Asthma assessment of asthma control in children ≤ 5 years old

1. In the past 4 weeks, has the child had daytime asthma symptoms for more than a few minutes, more than once a week?

Yes or No

2. In the past 4 weeks, has the child had any activity limitation because of asthma? (Runs/plays less than other children, tires easily during walks/playing?)

Yes or No

3. In the past 4 weeks, has the child needed reliever medication more than once a week?

Yes or No

4. In the past 4 weeks, has the child had any night waking or night coughing from asthma?

Yes or No